

**BREAST CANCER AND ITS DIAGNOSIS AND TREATMENT**—Edward F. Lewison, B.S., M.D., F.A.C.S., Assistant Professor of Surgery, Johns Hopkins University School of Medicine. The Williams and Wilkins Company, Baltimore, 1955. 478 pages, \$15.00.

Cancer of the breast remains by far the most common organ site cancer of mankind. Long before the days of Saint Agatha, Hippocrates referred to diseases that could not be cured by medicine, by the knife or even by fire, and all too often "hard tumors in the breast" fell into this group. The martyrdom of Saint Agatha included torture and traumatic bilateral mastectomy. She survived this ordeal, dying in Italy in the third century. The author of this interesting monograph discusses these and other interesting phases of the history of breast cancer in his opening chapter.

There are then chapters on the surgical anatomy of the breast by Richard S. Handley, the physiology of the breast by Frances H. Trimble and the pathology of the breast by Robert C. Horn.

There are extensive sections on diagnosis and prognosis, and numerous chapters dealing with radical surgery. There are well written chapters on the present status of radiotherapy in breast cancer, hormone therapy, and the apparent value of self-examination of the breast. Finally, there are sound chapters on the statistics of breast cancer, and the behavior and treatment of mammary cancer in the male.

The author illustrates the fact that the classical radical mastectomy of Halsted was designed to cure patients with breast cancer which had spread only to the removable axillary nodes—it could not cure those with internal mammary nodes or infraclavicular spread. The researches of Handley and others indicate that the number of patients who have lymphatic metastases limited exclusively to the axilla is unfortunately small, perhaps 14 per cent of an average unselected series of patients suitable for consideration of radical mastectomy. There is a chapter by Jerome Urban on ultraradical mastectomy, designed to remove the internal mammary nodes plus the axillary nodes en bloc with the primary tumor. This operation is still sufficiently recent to prevent any significant number of five year survival cases being presented.

The procedure of attempted supraclavicular and cervical lymph node dissection en bloc with the other two lymphatic drainage areas of the breast is given scant consideration, presumably because the author agrees with Haagensen and others that such procedure is not life saving and is frequently incapacitating.

There are chapters on postoperative care and rehabilitation, and postoperative arm swelling. The incidence of lymphedema of the arm following radical mastectomy is given as ranging from 8 to 80 per cent; the percentage with really disabling edema appearing to be in the vicinity of 5 per cent.

The author refers to his own experience at Johns Hopkins with a series of 255 female inpatients with breast cancer, 220 of whom were treated surgically (204 by radical mastectomy). The five year survival rate in this group was 43 per cent, and the five year clinical cure rate 38 per cent. The ten year survival rate was 29 per cent. Approximately one-half of the patients had radiotherapy in conjunction with the radical surgery (preoperative radiotherapy to 40 patients and postoperative to 60 patients). The absolute five year cure rate in the entire group of cases was 32 per cent, a figure comparable with that of the best surgical clinics in the United States.

The chapter on statistics is a useful one and should help the reader to distinguish clearly between the four types of data commonly published in connection with the treatment of cancer, namely (a) relative and (b) absolute *survival* data, and (c) relative and (d) absolute cure data. Survivals are those living at a specified time after treatment; "cures" are those clinically free of disease at such times. Relative

rates are based on those treated or followed, absolute rates are based on all cases seen.

The section on radiotherapy was written by Vincent P. Collins. The relative advantages of radical mastectomy alone, and simple mastectomy plus radical postoperative radiotherapy (McWhirter technique) are outlined. The following treatment policy is suggested in this section of the book:

Stage I cases (tumors localized to the breast): Radical mastectomy or simple mastectomy plus postoperative radiotherapy.

Stage II: Radical mastectomy and postoperative radiotherapy, or simple mastectomy and postoperative radiotherapy.

Stage III (and those stage II cases with proven internal mammary or supraclavicular node metastases): Simple mastectomy and postoperative radiotherapy, or if the metastases are extensive or the patient refuses surgery, radiotherapy alone.

Stage IV (and those patients in other stages who refuse or are unsuitable for operation): Radiotherapy.

The recent evaluation of McWhirter's method by L. V. Ackerman is discussed. The author notes that Ackerman validated 98 per cent of the Edinburgh cases as being mammary cancer. He refers to the fact that there is "no marked or significant difference between the challenging survival rate achieved by McWhirter and the five year survival rate of superior surgical clinics elsewhere. Although the prejudices of doubt are often difficult to dissipate, it is clearly evident that the five year survival rates reported by McWhirter are equal to any achieved by the accepted procedure of a classical Halsted radical mastectomy, with or without radiotherapy." He fears that many of the five year results of simple mastectomy cum radiotherapy are not in fact cured. Also, a similar comment could apply to radically operated cases. The statistics published in this book confirm the fact that of patients "cured" for five years by radical surgery, almost one-third will be dead of their cancer before ten years. The fact is that the ultimate number clinically cured by any method known today is probably close to only 10 per cent.

The book is excellently illustrated, well printed and adequately indexed. Its relatively impartial and philosophic tone may be indicated by this quotation from Wilfred Trotter: "Progress of knowledge is directly proportional to the closeness of the relation of the enquirer and the facts." Whatever we think of the statistical facts or wish them to be, they nevertheless represent the results of our accumulated experience, "that chill touchstone whose sad proof reduces all things from their hue."

\* \* \*

**COLLECTED PAPERS OF THE MAYO CLINIC AND THE MAYO FOUNDATION—Volume XLVI—1954**—Edited by Richard M. Hewitt, B.A., M.A., M.D. and others. W. B. Saunders Company, Philadelphia, 1955. 843 pages, \$12.50.

This well known publication presents in one volume some 629 articles published between December 1953 and November 1954. About one-fourth of the papers are complete or are published in abridged or abstract form, while the remainder are mentioned by title only. The material is divided into sections and in some instances almost constitutes a current review of the specialty. Thanks to careful indexing, the experience of the Clinic in a given field or the work of individuals may be quickly obtained. There are review articles by authorities such as Barker on anticoagulants, Bagen on drug therapy of ulcerative colitis, Priestley on surgical treatment of duodenal ulcer, and many others. This book should be available to general physicians and specialists alike, for perusal or for their libraries for future reference.